

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782118	FILING DATE		
CLAIMS							•		•	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
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43							93			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	19	↓		↓		↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	23	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓